

# APPLICATION FOR CERTIFIED BIRTH ABSTRACT

MAIL FORM TO: **CITY OF GRAPEVINE**  
**CITY SECRETARY'S OFFICE**  
**P O BOX 95104**  
**GRAPEVINE, TEXAS 76099-9704**

TELEPHONE: 817-410-3181  
STREET ADDRESS: 200 South Main Street, First Floor, Grapevine, TX 76051

**Number Requested -** For security reasons, orders for 5 or more  
certificates must be picked up.

\_\_\_\_\_ CERTIFIED COPIES x \$23.00 = \_\_\_\_\_

*Please make check/money order payable to City of Grapevine*

**MAIL IN APPLICATIONS MUST INCLUDE A NOTARIZED PROOF OF IDENTIFICATION (SEE PAGE 2)**

1. NAME ON RECORD _____				
	FIRST	MIDDLE (spelled out)	LAST	SUFFIX
2. DATE OF BIRTH _____				
	MONTH	DAY	YEAR	
3. SEX _____				
4. PLACE OF BIRTH _____				
	CITY		COUNTY	
5. MOTHER'S NAME (PRIOR TO MARRIAGE) _____				
	FIRST	MIDDLE (spelled out)	MAIDEN LAST NAME	
6. FATHER'S NAME _____				
	FIRST	MIDDLE (spelled out)	LAST	SUFFIX
7. NAME OF APPLICANT (PERSON SIGNING THE APPLICATION) _____				
	FIRST	MIDDLE	LAST	
8. MAILING ADDRESS _____				
	STREET ADDRESS,	APT NUMBER	CITY	STATE ZIP
9. TELEPHONE NO. _____ EMAIL: _____				
	(MONDAY - FRIDAY 8 A.M. - 5 P.M.)		(FOR MAIL IN REQUESTS)	
10. YOUR RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____				
11. PURPOSE FOR OBTAINING THIS RECORD _____				

**Note: If applying for a CDIB card (Indian heritage), you must contact the State of Texas, Bureau of Vital Statistics for a long certificate at 1-888-963-7111 or at [www.dshs.state.tx.us/vs](http://www.dshs.state.tx.us/vs)**

**WARNING STATEMENT: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SECTION 195.003)**

\_\_\_\_\_  
SIGNATURE OF PARENT/APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER (enclose copy)

**Parent/Applicant is REQUIRED to submit copy of Driver's  
License, U.S. Passport or State Identification Card**

**FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-6), RELATIONSHIP (ITEM 10), AND PURPOSE (ITEM 11) BE PROVIDED IN ORDER TO ISSUE RECORD. (03/16) BIRTHABSTRACTFORM.XLS**

## NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)		SEX	
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) (City) (State)	
who is related to the person on Part I as _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit signed by me and that the statements are true and correct.	
Applicant Signature _____	

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Personalized Seal)

Signature of Notary Public
Commision Expires
Typed or Printed Name
Street Address
City, State and Zip

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MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF VALID ID TO:

City of Grapevine  
City Secretary's Office  
P.O. Box 95104  
Grapevine, TX 76099

**(APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED)**